



County Department of Public Health

# LOS ANGELES

HIV Prevention Plan 2009-2013



2007 Los Angeles County  
HIV Prevention Planning Committee



2007 Prevention Plan Work Group

# Los Angeles County HIV Prevention Plan 2009 - 2013



**County of Los Angeles Department of Public Health  
Office of AIDS Programs and Policy**



# **HIV Prevention Plan Los Angeles County 2009 - 2013**

**Developed by the  
HIV Prevention Planning Committee**

In Partnership with the  
County of Los Angeles Department of Public Health  
Office of AIDS Programs and Policy

# Los Angeles County

## Board of Supervisors

Gloria Molina, First District Supervisor  
Amy Luftig Viste, Health Deputy

Yvonne B. Burke, Second District Supervisor  
Pat Miller, Health Deputy

Zev Yaroslavsky, Third District Supervisor  
Carol Kim, Health Deputy

Don Knabe, Fourth District Supervisor  
Richard Espinosa, Health Deputy

Michael D. Antonovich, Fifth District Supervisor  
Phillip Chen, Health Deputy

## Department of Public Health

Jonathan E. Fielding, M.D., M.P.H., M.B.A.  
Director of Public Health and Health Officer

Jonathan E. Freedman  
Acting Chief Deputy

Mario J. Pérez  
Director, Office of AIDS Programs and Policy

**Office of AIDS Programs and Policy**

Mario J. Pérez, Director

Jan King, M.P.H., M.D., Medical Director

Kyle M. Baker, Director, Government Relations

True Ann Pawluk, M.S., M.P.A., Director, Communications

Clinical Enhancement Services Division

Maxine Franklin, R.N., Division Chief

Clinical Services Division

Mary Orticke, R.N., M.P.H., Division Chief

Contract Administration Division

Kevin Harvey, Division Chief

Financial Services Division

Dave Young, Division Chief

Management Services Division

Gloria Traylor-Young, Division Chief

Planning & Research Division

Michael Green, Ph.D., Division Chief

Prevention Services Division

Sophia F. Rumanes, M.P.H., Division Chief

Provider Support Services Division

Carlos Vega-Matos, M.P.A., Division Chief

## Special Thanks to the 2007 Los Angeles County HIV Prevention Planning Committee and PPWG Members

### **PPC Members**

Michael Green  
Sophia F. Rumanes  
Terry L. Smith  
Kathy Watt  
Cinderella Barrios-Cernik  
Traci Bivens-Davis  
Katie Branson  
Scott Campbell  
Cesar Cuadra  
Trevor Daniels  
Daniel Deniz  
Wendy Garland  
David Giugni  
Mario Gonzalez  
Philip Hendricks  
Jeffrey King  
Lee Kochems  
Miguel Martinez  
Jorge A. Montoya  
Daniel Rivas  
Ricki Rosales  
Jill Rotenberg  
Precious Stallworth  
Ron Snyder  
Enrique Topete  
Tim Young

### **PPWG Members**

Alejandra Aguilar  
Diane Brown  
Teresa Castillo  
Alma Castro  
Martha Chono-Helsley  
Elizabeth Escobedo  
Lisa Fisher  
Susan Forrest  
Marie F. Francois  
Joanne Granai  
Jose Guzman  
Viviana Hernandez  
Maria Carmen Hinayon  
Claire Husted  
Kuni Ii  
Min Kim  
Gabriela Leon  
Ted Liso  
Victor Martinez  
John Mesta  
Pamela Ogata  
Jane Price  
Bamby Salcedo  
Natalie Sanchez  
Reverend Russell Thornhill  
Rosario Vasquez  
Kimberlee Woods  
Paulina Zamudio

## Acknowledgements

The Los Angeles County Prevention Planning Committee and the Los Angeles County Office of AIDS Programs and Policy extend their sincere thanks to the many members of the community, HIV positive consumers, government officials, consultants, and others who contributed countless hours of work and dedication to the development of the *Los Angeles County HIV Prevention Plan 2009-2013*.



## Table of Contents

Acknowledgments.....	i
Table of Contents.....	ii
Executive Summary .....	iv
HIV Prevention Plan 2009-2013 Overview.....	vii
<b>Chapter 1: Overview of HIV Community Planning .....</b>	<b>1-1</b>
Overview.....	1-1
HIV Prevention Community Planning in the United States .....	1-1
The History of HIV Community Planning in Los Angeles County.....	1-4
Los Angeles County HIV Prevention Community Planning: 2009-2013 .....	1-6
Chapter References.....	1-13
<b>Chapter 2: HIV Epidemiologic Profile.....</b>	<b>2-1</b>
Overview.....	2-1
Description of Los Angeles County.....	2-1
Description of Selected Co-Factors that Contribute to Risk for HIV.....	2-5
Epidemiologic Trends in HIV and AIDS in Los Angeles County .....	2-13
Geographic Distribution of AIDS in Los Angeles County .....	2-33
Priority Populations .....	2-43
Co-Morbid Communicable Diseases: Case Comparisons .....	2-48
Key Resources .....	2-53
Chapter References.....	2-55
Attachment 1: Technical Notes.....	2-59
<b>Chapter 3: Community Assessment .....</b>	<b>3-1</b>
Overview.....	3-1
Assessing Community Needs .....	3-1
Community HIV Prevention & Related Resources.....	3-31
Chapter References.....	3-63
Attachment 1: LACHNA Protocol.....	3-64
Attachment 2: Focus Group and Key Informant Questions – Facilitator’s Guide.....	3-79
Attachment 3: PPC Task Force Recommendations (Venue Based Task Force, .....	3-84
African American MSM Task Force, Crystal Methamphetamine Task Force)	
<b>Chapter 4: Priority Populations .....</b>	<b>4-1</b>
Overview.....	4-1
Los Angeles County’s Prioritization Process .....	4-1
Results and Recommendations.....	4-14
Chapter References.....	4-20
<b>Chapter 5: Interventions.....</b>	<b>5-1</b>
Overview.....	5-1
Priority HIV Prevention Efforts .....	5-1
Understanding Evidence Based Interventions .....	5-11
Published Interventions .....	5-21

Determining the Best Intervention.....	5-27
Additional Resources.....	5-35
Chapter References.....	5-37
Attachment A: Standards and Best Practices – Job Competencies .....	5-40
Attachment B: HIV Counseling and Testing Work Group Recommendations .....	5-46
Attachment C: UCHAPS Position and Recommendations on HIV Counseling and Testing .....	5-49
Attachment D: PPC’s Menu of Interventions by Target Population.....	5-54
Attachment E: Description of CDC’s Best Evidence Interventions & EBIs.....	5-67
Attachment F: Navigating SAMHSA’s NREPP Website.....	5-84
Attachment G: Model for Adapting an Evidence Based Intervention .....	5-86
<b>Chapter 6: Evaluation .....</b>	<b>6-1</b>
Overview.....	6-1
Evaluating HIV Prevention in Los Angeles County .....	6-1
Los Angeles County’s HIV Program Performance Indicators .....	6-3
Developing an Evaluation Plan for HIV Prevention Programming .....	6-7
PPC’s Evaluation Recommendations .....	6-15
Chapter References.....	6-20
<b>Chapter 7: Geographic Profiles .....</b>	<b>7-1</b>
Los Angeles County.....	7-3
SPA 1: Antelope Valley.....	7-4
SPA 2: San Fernando Valley .....	7-5
SPA 3: San Gabriel Valley.....	7-6
SPA 4: Metro .....	7-7
SPA 5: West .....	7-8
SPA 6: South .....	7-9
SPA 7: East .....	7-10
SPA 8: South Bay .....	7-11
Chapter References.....	7-12
<b>Chapter 8: Appendix .....</b>	<b>8-1</b>
Acronyms and Common Terms .....	8-2

## Executive Summary

In November 2006, the Los Angeles County HIV Prevention Planning Committee (PPC) formally launched the process to develop the *County of Los Angeles HIV Prevention Plan 2009-2013*. In partnership with the Los Angeles County Department of Public Health Office of AIDS Programs and Policy (OAPP), Commission on HIV (COH), and Los Angeles County Department of Public Health HIV Epidemiology Program (HIV Epidemiology Program), the PPC proudly presents the completed *County of Los Angeles HIV Prevention Plan 2009-2013*, which will guide programs and services in Los Angeles County over the next five years. The completed *County of Los Angeles HIV Prevention Plan 2009-2013* is the culmination of work that has spanned more than two years. This document represents the tireless efforts of all members of the PPC, the ad hoc Prevention Plan Work Group, the staff of OAPP and the HIV Epidemiology Program, and countless others who have made significant contributions. The *County of Los Angeles HIV Prevention Plan 2009-2013* represents the County's most participative process ever and heralds a new way of strategically thinking about individuals most at risk for HIV.

The HIV Epidemiology Program estimates a total 56,500-62,200 persons living with HIV and AIDS (PLWHA) in Los Angeles County. As of January 2008, only 37,730 (~63.6%) PLWHA have been reported through the County's HIV/AIDS surveillance. In Los Angeles County, African Americans or Blacks continue to be the most disproportionately impacted racial/ethnic group, followed by Native Americans. Latinos or Hispanics comprise 37.9% of Los Angeles County's epidemic and have exceeded Whites with the largest number of PLWHA among all racial/ethnic communities. In Los Angeles County, the majority of PLWHA (68.1%) report men who have sex with men (MSM) or MSM with injection drug use (MSM/IDU) as their exposure category for transmission. Thus the HIV/AIDS epidemic in Los Angeles County continues to disproportionately impact gay men and non-gay identified MSM. Although women continue to comprise a much smaller proportion (12.5%) of PLWHA in the County, African American or Black women and Latina or Hispanic women are the most highly impacted racial/ethnic communities. Lastly, although not consistently reported in the surveillance data due to smaller numbers, the HIV Epidemiology Program estimates there are 926 transgender individuals living with HIV and AIDS in Los Angeles County, with an HIV seroprevalence rate of 21%.

Thus, the words of the Centers for Disease Control and Prevention (CDC) ring true for Los Angeles County. In its *HIV Prevention Strategic Plan: Extended Through 2010*, the CDC states:

*We are now in the third decade of the HIV/AIDS epidemic and although HIV prevention efforts have grown substantially over time and we have made important progress, major unmet need remains. HIV continues to pose a significant threat to Americans' health and well-being, with African Americans and men who have sex with men (MSM) of all races most severely affected (CDC, October 2007).*

This new comprehensive HIV prevention plan recognizes that risk for HIV does not occur in a vacuum and that behavioral risk is confounded by many co-factors such as poverty, lack of education, persistent stigma and discrimination, homophobia, transphobia, homelessness, and sexual violence among many others. Further, issues of identity and how a person self-identifies can serve both as a barrier to services as well as a protective factor; this is especially evident among gay men. This new prevention plan takes into account these many factors and through a new prioritization process casts a broader net as a starting point for identifying individuals most

at risk for acquiring or transmitting HIV. Implementing for the first time a weighted methodology based upon key surveillance and behavioral risk data, the PPC identified six new priority populations, with critical target populations established within each priority population, providing a different lens through which Los Angeles County will view its epidemic over the next five years. The following populations and critical target populations are the County's new priority populations that will re-focus services:

### **Priority Populations with Critical Target Populations**

1. HIV Positive Individuals
  - Gay men
  - Non-gay identified men who have sex with men/transgenders/multiple genders
  - Transgender individuals
  - Women at risk for transmitting HIV
2. Men
  - Gay men
  - Non-gay identified men who have sex with men/transgenders or multiple genders
3. Women
  - Women who have sex with partners of unknown HIV status/risk and/or in highly impacted geographic areas/zip codes based on surveillance data (e.g., STD data, partners with a history of incarceration, etc.)
4. Youth (12-24 years old)
  - Gay males
  - Non-gay identified men who have sex with men/transgenders or multiple genders
  - Transgender individuals
  - Sex workers
  - Young women who have sex with partners of unknown HIV status/risk and/or in highly impacted geographic areas/zip codes based on surveillance data (e.g., STD data, HIV counseling and testing data, and other relevant data, etc.)
5. Transgender Individuals
  - All transgender individuals
6. People who Share Injection Paraphernalia
  - All people who share injection paraphernalia (i.e., needles and works)

The PPC understands that these population-based categories are not mutually exclusive but create a framework for organizing HIV prevention services. The PPC emphasizes that being a member of a particular population group does not constitute risk for HIV. Thus, each of these priority populations is further defined by their risk for HIV, which is sexual or as a result of sharing injection paraphernalia. The vast majority of persons who engage in unprotected sex and share injection paraphernalia with an HIV positive person are at risk for acquiring or transmitting HIV.

Although assessing community needs and services is an ongoing process, Los Angeles County completed implementation of its first ever coordinated needs assessment for HIV prevention and care services. The *County of Los Angeles HIV Prevention Plan 2009-2013* presents findings from the *2007 Los Angeles Coordinated HIV Needs Assessment (LACHNA)* by priority population, as well as key findings from provider focus groups and key informant interviews. In 2007, OAPP and the PPC launched its first effort to collect provider-specific data on non-county funded resources. Although this data is still being gathered, initial results are presented here.

The interventions section of the *County of Los Angeles HIV Prevention Plan 2009-2013* has been greatly enhanced from previous plans. It is through the implementation of behavioral interventions that the PPC strives to reduce the incidence of HIV in Los Angeles County. It is through targeted HIV testing efforts that people who are at risk learn their HIV status. The intervention section identifies the priority efforts that are supported by the PPC and OAPP in Los Angeles County. It also describes common behavioral theories as well as the types of evidence, which agencies can use to support the design of locally developed interventions (LDIs). There is extensive information presented that will help agencies determine the best intervention for their proposed target population. Thus, the Interventions section has been designed in a way to help HIV prevention providers examine more thoughtfully their current and new programs and provide them with the tools to build better, more effective programs across Los Angeles County.

Evaluation is a high priority in Los Angeles County. It is a key element of the community planning process as well as critical for tracking the success of specific interventions being implemented. The *County of Los Angeles HIV Prevention Plan 2009-2013* discusses both of these important aspects of evaluation, as well as addresses the Centers for Disease Control and Preventions' expanded program performance indicators. To assist agencies in designing their program evaluation plans, a new section on process monitoring and evaluation, and outcome monitoring and evaluation has been added.

It is expected that the *County of Los Angeles HIV Prevention Plan 2009-2013* will be a living document, which can be revised as its content is updated and as new information is available.

# County of Los Angeles HIV Prevention Plan 2009-2013

## ***How to Use This Plan***

---

The Los Angeles County HIV Prevention Planning Committee (PPC) and the Los Angeles County Department of Public Health Office of AIDS Programs and Policy (OAPP) are jointly responsible for the development of the *County of Los Angeles HIV Prevention Plan 2009-2013*. There are seven major sections in the plan; these are briefly described below.

This new plan is organized differently than previous plans in order to meet the needs of a diverse audience, as well as varied media formats. Each chapter has been designed as a stand-alone document so that it can be updated easily over the five-year planning period and easily downloaded. The page numbers reflect the chapter and the page number. For example, the page numbers in Chapter 2: Epidemiologic Profile are 2.1, 2.2, 2.3, etc. The references and citations made within each chapter are also included at the end of the chapter as well as relevant attachments. In this way the reader can download and print a portion of the plan with all of the related elements. The Appendix consists solely of a list of acronyms and commonly used terms.

## ***Chapter 1: Overview of Community Planning***

---

Los Angeles County, California is a leader in HIV prevention community planning. OAPP and the PPC work collaboratively to complete all aspects of the plan, including the assessment of community needs, the prioritization of populations and resources to address gaps, identification of effective interventions, and evaluation of HIV prevention efforts. The PPC launched the formal planning process required for development of the *County of Los Angeles HIV Prevention Plan 2009-2013* in November 2006. Other efforts began in 2005 including the creation of ad hoc task forces to assess specific community needs. All work has been completed in accordance with guidelines developed by the Center for Disease Control and Prevention's (CDC) *2003-2008 HIV Prevention Community Planning Guidance* and reflects changes described in its *HIV Prevention Strategic Plan: Extended Through 2010*.

## ***Chapter 2: Epidemiologic Profile***

---

The Los Angeles County Department of Public Health HIV Epidemiology Program provides a comprehensive look at the current state of HIV/AIDS in Los Angeles County. The *HIV Epidemiologic Profile* presented represents an interim profile until the next comprehensive epidemiologic profile is completed. This profile offers a broad overview of the HIV/AIDS epidemic in Los Angeles County and its relation to the epidemic across the United States. The profile also includes information for Los Angeles County's new priority populations as well as critical information by geographic service planning area (SPA). This information assists community stakeholders in responding to local needs.

## ***Chapter 3: Community Assessment***

---

The *Community Assessment* builds upon the information provided in the *HIV Epidemiologic Profile*. The *Community Assessment* takes a look at supplemental information related to HIV risk as well as critical qualitative information from selected target groups. In 2007, OAPP, the

PPC, and the Commission on HIV completed Los Angeles County's first coordinated HIV prevention and care needs assessment referred to as the *Los Angeles County Coordinated HIV Needs Assessment (LACHNA)*. Information regarding risk behavior and community-identified needs begins to create a portrait of the epidemic as well as HIV prevention needs in Los Angeles County. This section also identifies the currently available resources to address community needs. From the analysis of needs and resources, key gaps begin to emerge. Since the assessment of HIV prevention needs of Los Angeles County residents is an ongoing process, the PPC and OAPP will continue to update this section as new information is gathered and analyzed.

---

#### **Chapter 4: Priority Populations**

---

The *Priority Populations* outlined in the *County of Los Angeles HIV Prevention Plan 2009-2013* marks a new era in HIV prevention planning in Los Angeles County. The PPC adopted a hybrid planning model that includes six broad population groups (i.e. HIV positive individuals, men, women, transgenders, youth, and people who share injection paraphernalia) defined by the behaviors that put them at risk, integrates issues of identity as well as highly impacted geographic areas. Within each priority population, the PPC identifies critical target populations, those populations that are disproportionately impacted by the epidemic. Within each priority population, the PPC further approved specific service targets for racial/ethnic communities most impacted by the epidemic.

---

#### **Chapter 5: Interventions**

---

In October 2007, the CDC released its new *HIV Prevention Strategic Plan: Extended Through 2010*. This document revises the previous national overarching goal to reduce new HIV infections with a more concrete short-term goal to “reduce the number of new HIV infections in the United States by 5% per year, or at least by 10% through 2010, focusing particularly on eliminating racial and ethnic disparities in new HIV infections.” In order to reach this goal, the County must not only target services to prioritized risk groups at highest risk of being infected with or transmitting HIV, it must also identify those interventions, which have the highest likelihood of success. This section discusses the role of behavioral theory in the design of effective interventions, as well as a brief description of common behavioral theories. Providing “evidence” of success is also important in the design of effective interventions. Four sources of evidence include: (1) scientific theory, (2) evaluation of the same intervention, (3) evaluation of a similar intervention, and (4) informal theory based upon an organization's “practice wisdom.”

---

#### **Chapter 6: Evaluation**

---

Los Angeles County's evaluation plan includes three elements: (1) evaluating the community planning process, (2) tracking the Los Angeles County program performance indicators, and (3) key information related to developing an effective evaluation plan for an agency's HIV prevention program. In October 2007, the Centers for Disease Control and Prevention released its *HIV Strategic Plan: Extended Through 2010*. This key document outlines a new short-term goal, milestones, and objectives. The CDC has significantly expanded the previous 11 objectives to 25 objectives. OAPP will develop new program performance indicators to reflect this expanded set of objectives. The PPC and OAPP will track these indicators across interventions being implemented by funded organizations.

## ***Chapter 7: Geographic Profiles***

---

To better meet the health needs of its local communities, the Los Angeles County Children's Planning Council recommended that the County aggregate its 26 health districts into eight Service Planning Areas (SPAs) in 1993. The County Board of Supervisors approved this recommendation. In so doing, Los Angeles County, one of the nation's largest counties both in geography (4,084 square miles) and population (10.3 million as of January 2007) was divided into eight SPAs to create a more effective model for planning health services across this diverse region.

The *Geographic Profiles* provide a one-page look at the County and each of its eight SPAs. The information presented includes selected sociodemographic information related to population, race/ethnicity, poverty, and transportation. Each profile also includes HIV/AIDS and related health information such as AIDS case data and sexually transmitted diseases, tuberculosis, and teen birth rates. This information sheds light on the tremendous regional variation within the County.

## ***Chapter 8: Appendix***

---

The *Appendix* included in this plan consists of only a list of acronyms and commonly used terms. Other relevant documents pertaining to different sections of the plan are included as attachments at the end of each individual chapter.